

___ Original - Project Emergency Plan Book

___ Copy - Project Leader

ALASKA BIOLOGICAL SCIENCE CENTER

INDIVIDUAL EMERGENCY PLAN

NAME: _____ Date Completed: _____

ADDRESS: _____ Phone: _____

EMERGENCY CONTACTS: (List at least two)

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Phone</u>
-------------	---------------------	----------------	--------------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

PERTINENT MEDICAL INFORMATION: (Allergies, vaccinations, etc.)

SAFETY TRAINING STATUS: (Check training course taken, its source, and date)

___ AIRCRAFT SAFETY _____

___ CPR _____

___ FIRST AID _____

___ DEFENSIVE DRIVING _____

___ SNOWMACHINE OPERATION _____

___ FIREARM SAFETY _____

___ BOAT SAFETY/OUTBOARDS/ZODIAC _____

___ BASIC SEAMANSHIP _____

___ WATER SURVIVAL _____

___ ARCTIC SURVIVAL _____

___ GENERAL SURVIVAL _____

___ PINCH HITTERS _____

___ ROCK CLIMBING _____

___ RADIO OPERATION (List types) _____

___ EQUIPMENT OPERATION _____

___ BEAR SAFETY _____